Communications Overview
Washington State Planning Grant on Access to Health Insurance

Our communication plan is built around the **theme** of "sustaining awareness" of the individual and societal problems associated with less-than-full coverage of our population. Overall, our **strategy** is best described as low-key, personal, and under-the-radar. An **underlying philosophy** has been to stay relevant to the environment and discussions as they change and occur within varied audiences.

Our strategy has several **objectives**: (1) to function as a clearinghouse of information and visible point of contact within the executive policy office, (2) to encourage and support (but rarely endorse) any group, organization, or individual that is willing to think creatively about addressing coverage and access issues, and 3) to "create" demand for our research work as an objective foundation for discussions and planning, and to respond to existing needs for information. We purposefully elected to exclude "selling a specific set of coverage options" as an objective.

Avenues we use to communicate include (1) a SPG-specific website containing all of our research results, (2) "fast facts" two-page briefs, (3) presentations to small groups (some of which we contact; others of which contact us), (4) assistance to groups and individuals in tailoring our information to their needs, and (5) personal participation in state and community groups with related interests.
Examples of our primary **audiences** are policy makers, advisors, and researchers; and, state and community program developers, leaders, and activists. However, we have adopted an operating principle of "wherever two or more are gathered" we will come.

Core Messages:
"Making Health Care Work for Everyone" has been our **unifying theme** since the inception of the grant. It is used on most of our general information as a tag line. We chose it because it allows us to convey several key messages, for example: (1) Washington's health care system needs to work for everyone who has a stake in it – financers, deliverers, receivers, (2) the goal to get everyone covered is a means to an end, the end being a healthier and more financially secure population, and (3) there will always be some subset of the population (e.g., homeless, undocumented immigrants) that will not be covered and we still need to ensure their access to care.

Beyond that unifying theme, we try to tailor our messages depending on the audience, what we're trying to communicate, and the nature of the interaction we want to have. In general, however, we weave-in **core messages** about (1) who Washington's uninsured are (e.g., most are members of working families – they build our homes, feed us, take care of our young children and aging parents), and (2) the personal and societal consequences of being uninsured (e.g., the uninsured live sicker and die earlier; better health improves individual earnings and in turn our local and state economies; many of us are one job or one birthday away from losing coverage).

Examples of audience specific messages include:
a. **Coverage Options**: Pragmatic and resilient strategies to achieving broad coverage will cost money, will require melding of divergent values, and will need to build on currently accepted and trusted systems.

Project funded by the U.S. Department of Health & Human Services, Health Resources and Services Administration's Bureau of Professions State Planning Grant #1 P09 OA 00002-01

b. **Insurance Coverage**: Access to Coverage ≠ Access to Care. (Nonetheless: Although health insurance is not the only key to accessing care and improving health, it is among the most easily changed.)
c. **Individual Affordability**: Although not the only barrier to coverage, affordability is the most prominent and persistent for low-income families (e.g., for many families, affordability for private coverage starts at about 250% of federal poverty).
d. **Quality and Administrative Simplification**: Some of our best opportunities for redirecting system dollars to pay for covering the uninsured will, in the long run, come from addressing poor quality and inefficient administration (e.g., 25-30% of every direct health care dollar goes to poor quality and waste).
e. **System Sustainability**: Today's fiscal challenges underscore the need to develop a system (especially for public programs) that can weather future economic downturns better than we are doing so today.
f. **Federal / State Roles**: Some issues are national issues for which the federal government must step up and take responsibility so that state dollars can be redirected (e.g., Medicare prescription drug program).
g. **Local Innovation**: Not all solutions need be, nor should be, top-down. Much creative work regarding coverage and delivery is occurring in local communities that should be supported in their efforts. It is equally important, however, that local solutions be assessed in terms of broader community-to-community and population-to-population impacts.
h. **Data Ins and Outs**: The state population survey is a tremendous source of information, when used correctly.

Also, based on recent "profile" information we have begun incorporating the following message: While Washington's uninsured rate is on the rise, it is important not to lose sight of the good we have done and the strategies that have worked for us in the past.

Examples of communication materials:
Our major **communication materials** have been (1) research and policy reports, and (2) fact sheets – briefing papers. We use our website as the primary distribution system for all written materials – often alerting interested parties through an "E-mail Alert" system that notifies a stakeholder list of some 300 people.

Effective Channels:
Our most effective **"on-going" channels** have been (1) electronic (including our website http://www.ofm.wa.gov/accesshealth/accesshealth.htm and E-Mail Alert system), (2) personal interactions (including one-on-one and small group meetings, and participation in and support of others' work groups, advisory and steering committees, and task forces), and (3) actively encouraging use of our research work (either "as is" or repackaged to fit needs). We have purposefully shied away from *broad* media coverage, however we have provided information to the media when revised messages were important.

Examples of effective **"one-time" channels** are: (1) a town hall meeting conducted during Covering the Uninsured Week, at which the Governor was a keynote speaker, (2) technical assistance meetings, (3) community-state initiatives legislative briefing forum, (4) workshops and presentations at health policy conferences and meetings.

Project funded by the U.S. Department of Health & Human Services, Health Resources and Services Administration's Bureau of Professions State Planning Grant #1 P09 OA 00002-01

Greatest challenges or barriers in communicating:
Greatest **challenges** included: (1) the sad state of the economy and thus people's ability to "hear" a message about expanding coverage and (2) resistance to "policy lessons" from our/others' research/practical findings when those findings do not support the pragmatic decisions that need to be made or the popular idea of the moment. (Findings regarding coverage affordability for low-income families and findings regarding the ineffectiveness of small employer pools – as currently designed - to significantly reduce costs are examples.)

To work within these challenges we (1) adopted an approach that did not include "pushing" for buy-in on specific options (although our research work did involve developing options), (2) acknowledged that consensus building on strategies viable in Washington would occur over the long run through processes fed by the work of the grant but not unique to the grant (e.g., the Legislative process) and (3) elected to "key into" what people are willing to focus on as common-ground starting points (e.g., employees of small business, children, the state becoming a better partner (especially in areas of administrative simplification), coverage and access in rural areas, sustaining public program gains).

Project funded by the U.S. Department of Health & Human Services, Health Resources and Services Administration's Bureau of Professions State Planning Grant #1 P09 OA 00002-01